

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/04/2015
NAME OF PROVIDER OR SUPPLIER SELECT SPECIALTY HOSPITAL-EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SE 4TH ST EVANSVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a State complaint.</p> <p>Complaint #IN00160401 Substantiated: State deficiency related to the allegation is cited. Deficiency unrelated to allegations is cited.</p> <p>Survey date: February 4, 2015</p> <p>Facility # 009443</p> <p>Surveyor: Trisha Goodwin, RN BSE Public Health Nurse Surveyor</p> <p>QA: cloughlin 02/25/15</p>	S 000		
S 554	<p>410 IAC 15-1.5-2 INFECTION CONTROL</p> <p>410 IAC 15-1.5-2(a)</p> <p>(a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors.</p> <p>This RULE is not met as evidenced by: Based on document review, observation and interview, the facility failed to minimize infection exposure and risk for storage of medical waste in one instance in the intensive care unit (ICU).</p> <p>Findings:</p> <p>1. Review of Policy: IC VIII-8 titled Medical</p>	S 554		3/23/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 554	<p>Continued From page 1</p> <p>Waste indicated the policy procedures were necessary to minimize the health risk to patients, staff, students, and the public. Under III. Procedure A. 1. definitions of infectious/biohazard waste included in f. Blood and IV administration sets.</p> <p>2. On 2/4/15 between 11:00am and 12:00pm during tour of the ICU in the presence of A1, Chief Nursing Officer (CNO) disposal containers indicated as Hazard Black Bins were noted in plain sight at the nurses station. One was near the general traffic hall area and closed, the other was further back, but was open with tubing extending out the top of the bin. Empty medication bags/containers and infusion tubing were noted. The container was overflowing.</p> <p>3. On 2/4/15 at 11:00am, A1 indicated the Black Bins were for disposal of medications, the bins were to be checked daily by pharmacy and removed when full, but not overfull.</p> <p>4. On 2/4/15 at 12:00pm S1, ICU nurse, indicated medications are wasted in the trash then the container and tubing go in the gray container, i.e. Black Bin. S1 indicated that if the bins were full, he/she would contact the pharmacy or take the waste to the 4th floor bin.</p> <p>5 On 2/4/15 at 1:30pm A5, Director of Pharmacy, indicated pharmacy does pick up the Black Bins for the contracted biohazardous waste hauler to transport for disposal, the bins are to be considered full at 2/3 capacity, and it is nursing responsibility to request a new container should it be needed prior to daily pick-up. A5 indicated extra Black Bins are available at all hours in the pharmacy.</p>	S 554		

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S1014	Continued From page 2	S1014		
S1014	<p>410 IAC 15-1.5-7 PHARMACEUTICAL SERVICES</p> <p>410 IAC 15-1.5-7(c)</p> <p>(c) In order to provide patient safety, the director of pharmacy shall develop and implement written policies and procedures for the appropriate selection, control, labeling, storage, use, monitoring, and quality assurance of all drugs and biologicals.</p> <p>This RULE is not met as evidenced by: Based on document review, observation and interview, the director of pharmacy failed to implement policy & procedures (P&P) for management of controlled substances in 2 instances for 1 patient (Pt#1).</p> <p>Findings:</p> <p>1. Review of Policy: C02-P titled Controlled Substance Management indicated the purpose was to prevent unauthorized access, controlled substances must be purchased, stored, distributed, used and wasted according to legal constraints. The P&P also indicated Storage requirements for Schedule II controlled substances (C-IIs) include a two-lock system and gave one example of "a dispensing device with a combination of password and ID barcode/finger print." The P&P further indicated only nursing and pharmacy personnel may possess keys/IDs to access these drugs. The P&P was last revised 4/2013</p>	S1014		3/23/15

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S1014	<p>Continued From page 3</p> <p>2. Review of Policy: D03-P titled Drug Administration - Controlled Substances indicated the following in #2 of the Procedure: Controlled substances may be stored in a locked cabinet or automated dispensing cabinet (ADC) ... The P&P was last revised 1/2013</p> <p>3. Review of Policy: I02-P titled Inspection of Drug Storage Areas indicated the following: All drug storage areas, whether inside the pharmacy or in other parts of the hospital, must meet the requirements listed below. Drugs shall be stored under the proper conditions of light, temperature, moisture, ventilation, segregation, and security. Each drug storage area shall be locked, and/or under the direct supervision of personnel approved to handle the medications at all times.</p> <p>4. Review of the document titled Formulary Listing Controlled Substance Code indicated Fentanyl to be a class 2 controlled substance.</p> <p>5. On 2/4/15 at 11:45am on the intensive care unit (ICU) in the presence of A1, Chief Nursing Officer (CNO), the following was observed: In the room of Pt#1, an unsecured medication bag/container labeled Propofol and an unsecured medication bag/container labeled Fentanyl were noted hanging from an infusion pole being administered via an infusion pump. Neither medication was in a locking device/dispenser and the patient's nurse was not in the room.</p> <p>6. On 2/4/15 at 1:30pm A5, Director of Pharmacy, indicated class II medications were to be locked. He/she indicated class II medications used for patient controlled analgesia (PCA) are placed in a locked plastic box and hung at bedside for administration. A5 confirmed</p>	S1014		

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S1014	Continued From page 4 continuous infusion drips were not currently being kept in a locked box for bedside infusions, but did indicate locking plastic boxes were available for nursing use. 7. On 2/4/15 at 5:45pm A2, Chief Executive Officer (CEO), indicated C-II medications should be stored in a locked container during use when not under direct supervision of appropriate personnel.	S1014			